

MathPlus

Registration Form

Please PRINT Clearly

Student Information:			
Student Name: Last		First	
Prefer to be called (nickname):			
Home Address (including city, state, and zip code):		Home Phone #: (with area code)	
Date of Birth: (mm/dd/yy)	Sex: (circle) F M	Age:	School District: <input type="checkbox"/> PISD <input type="checkbox"/> RISD <input type="checkbox"/> FISD <input type="checkbox"/> DISD Other _____ <small>(please specify)</small>
School Name:		Grade:	

Parent Information:			
Father's Name: Last		First	
Prefer to be called (nickname):			
Email Address:		Work Phone #:	
		Mobile Phone #:	
Mother's Name: Last		First	
Prefer to be called (nickname):			
Email Address:		Work Phone #:	
		Mobile Phone #:	

• *For office use only*

Class:	Period:
Date Registered:	Check #:
Other:	